

INSTRUCTIONS

TO ATTENDANT: The bottom may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-51 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07767

7762 CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY X Garrett	MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Grantsville HOSPITAL OR INSTITUTION OR 00 STREET ADDRESS	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville STREET ADDRESS	COUNTY Garrett (If rural give location)
		LENGTH OF STAY (In this place) 35 yrs	
3. NAME OF DECEASED (Type or Print)		(First) (Middle) (Last)	
ANNIE		MARIE BAUM	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Jan. 11, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days Hours Min.
13. FATHER'S NAME Nelchoft Youngerman		11. BIRTHPLACE (State or foreign country) Frostburg, Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. none	
		17. INFORMANT & ADDRESS Harold Baum, Grantsville, Md. RD.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
332X IMMEDIATE CAUSE		cerebral thrombosis	
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		DUE TO (B) DUE TO (C)	Generalized arterosclerosis
			INTERVAL BETWEEN ONSET AND DEATH 2 wks
			15 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		Chronic secondary anemia	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION Chronic secondary anemia	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) M.D. Grant St, Salisbury Pa.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/25/55 to 8/19/55 , that I last saw the deceased alive on 8/17/55 , and that death occurred at 11:30 AM , from the causes and on the date stated above.		ADDRESS (Street, city, town, state) 22. FUNERAL DIRECTOR'S SIGNATURE DATE SIGNED Ethel Broadwater 8/22/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 8/22/55 NAME OF CEMETERY OR CREMATORIUM Grantsville LOCATION (City, town, or county) Grantsville, Garrett Co. Md. (State)	
24. REC'D BY REGISTRAR DATE 8/22/55		REGISTRAR'S SIGNATURE Ethel Broadwater 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Donald J. Newman Grantsville, Md.	

LETTERS RECEIVED BY THE STATE DEPARTMENT OF THE UNITED STATES

LETTERS RECEIVED BY THE STATE DEPARTMENT OF THE UNITED STATES

BUREAU Y. S.

AUG 25 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-53 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07768

7763 CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X TOWN Mt. Lake Park	GARRETT MARYLAND LENGTH OF STAY (In this place) 7 WKS.	STATE W. Va. COUNTY Milneral CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Keyser	85 X - 3 (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Kiser Nursing Home	STREET ADDRESS Route No 2		
3. NAME OF DECEASED (Type or Print)		(First) Louise W. Blauch (Last)	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 11, 1876
9. AGE last birthday 79 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME George Leibrant		14. MOTHER'S MAIDEN NAME Elizabeth Reib	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. -----	
17. INFORMANT & ADDRESS Mrs. Mary Kiser Mt. Lake Park, Md.		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		Cerebro-Vascular Accident? Arteriosclerotic Cardiovascular Disease also Myocarditis 2 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/11/55 alive on 6/11/55, 19, and that death occurred at 4:10 P.M., from the causes and on the date stated above. SIGNATURE Thomas J. Lusk M.D.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 8/4/1955	NAME OF CEMETERY OR CREMATORIUM Burial Park
24. REC'D BY REGISTRAR Julia G. Brown		REGISTRAR'S SIGNATURE	LOCATION (City, town, or county) Cumberland, Md.
DATE 8/2/55		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
		Leighly, Oakland, Md.	

INSTRUCTIONS

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VS A1SC 1-55 10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07769

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <i>X</i> Garrett	MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Grantsville	STATE Maryland	COUNTY Garrett CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>00</i>	LENGTH OF STAY (in this place) Life	STREET ADDRESS	(If rural give location) <i>X</i>
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) PETER (Middle) --- (Last) BROADWATER		Aug. 30 1955	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Dec. 12, 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days Hours Min.
13. FATHER'S NAME John Broadwater		11. BIRTHPLACE (State or foreign country) New Germany, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. none	17. INFORMANT & ADDRESS Mrs. Media Broadwater, Avilton, Md.
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>3 months</i>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>177X</i> IMMEDIATE CAUSE (A) <i>cachexia</i>		ANTECEDENT CAUSE(S) DUE TO (B) <i>cause of prostate</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>/</i>		/	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>/</i>		/	
19a. DATE OF OPERATION <i>1953</i>	19b. MAJOR FINDINGS OF OPERATION <i>advanced advanced cancer of prostate</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT? WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) -		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED M. at work <input type="checkbox"/> Not white at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>1-4-1955</i> to <i>8-30-1955</i> , that I last saw the deceased alive on <i>8-20-1955</i> , and that death occurred <i>5:30 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>b. K. Morris</i> ADDRESS (Street, city, town, state) <i>M.D. 5760 E. Lombard St. Baltimore Md.</i> DATE SIGNED <i>9-3-55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>	DATE THEREOF <i>9/1/55</i>	NAME OF CEMETERY OR CREMATORIAL <i>St. Ann's</i>	LOCATION (City, town, or county) <i>Avilton Garrett Co., Md.</i> (State)
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Ethel Broadwater Donald F. Newman</i> Grantsville, Md.	
DATE <i>8-31-55</i>			

RECEIVED
FEB 11 1954

AMERICAN-STATESMAN
OF TEXAS

STATE OF TEXAS

RECEIVED
FEB 11 1954

AMERICAN-STATESMAN
OF TEXAS

BUREAU V. S.

1954

REGISTRY

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07770

7765 CERTIFICATE OF DEATH

166

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY CITY (If outside corporate limits, write RURAL OR TOWN <input checked="" type="checkbox"/> HOSPITAL OR INSTITUTION OR <input type="checkbox"/> STREET ADDRESS		MARYLAND LENGTH OF STAY (in this place)		STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <input type="checkbox"/> STREET ADDRESS		COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <input type="checkbox"/> STREET ADDRESS	
COUNTY GARRETT		MARYLAND MARYLAND		STATE MD		COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL OR TOWN <input checked="" type="checkbox"/> CRELLIN		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <input type="checkbox"/> CRELLIN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <input type="checkbox"/> MD	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH AUG 16 1955			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED		8. DATE OF BIRTH SEPT.-10-1875	
9. AGE last birthday 79 yrs.		10. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		11. BIRTHPLACE (State or foreign country) SWANTON		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME MARCELLUS SMITH				14. MOTHER'S MAIDEN NAME SARAH BRAY.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <input type="checkbox"/>				16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS GEORGE FRIEND CRELIN MD.			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 IMMEDIATE CAUSE (A) Chronic Heart Failure 2-3 yrs. ANTECEDENT CAUSE(S) DUE TO Art. C. d. t. years DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO C DISEASE OR CONDITION CAUSING DEATH.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility & Degeneration							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE-OF-DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) OAKLAND MD. (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6/1/55 to 8/16/55 , that I last saw the deceased alive on 3/11/55 , and that death occurred at 7:30 P.M. from the causes and on the date stated above. SIGNATURE Thomas J. Dushay M.D. DATE SIGNED 8/17/55 VS AISC 1-55 10M							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF AUG-19-1955		NAME OF CEMETERY OR CRIMATORY UNDERWOOD CEMETERY		LOCATION (City, town, or county) NEAR OAKLAND MD. (State)	
24. REC'D BY REGISTRAR 8/19/55		REGISTRAR'S SIGNATURE Julia Brown RR		25. FUNERAL DIRECTOR'S SIGNATURE Emry Bolden		ADDRESS OAKLAND MD.	

1955 CERTIFICATE OF DEATH

CANADA

W.M.

CANADA

CANADA

CANADA

MAY 11 1955
DEATH CERTIFICATE

PEPSICO LTD. 1955

MAY 11 1955
SANTONI

SARAH BROWN

MARGARET SMITH

GEORGE LEWIN CROWN WPA

BUREAU V.

AUG 26 1955

530

REGISTRY

MAY 11 1955 DEATH CERTIFICATE

1955

CROWN CROWN

INSTRUCTIONS

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VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07771
7765 CERTIFICATE OF DEATH Reg. Dist. No. 166

Film G 186, 9-22-55 Item 2 bh

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	Garrett MARYLAND LENGTH OF STAY (In this place) 2 days	STATE CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	West Virginia COUNTY Garrett Mt. Lake Park, Bayard
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Garrett County Memorial Hospital		
70	Garrett / Mt. Lake Park / Bayard		
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) Henry (Middle) JOHN (Last) Gay		August 13, 1955	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH APRIL 5, 1884
9. AGE last birthday 71 yrs.		10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) West Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME GAY, JOHN		14. MOTHER'S MAIDEN NAME DAWSON, SARAH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or date of service)		17. INFORMANT & ADDRESS Sam Gay, Bayard, W. Va.	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.0 IMMEDIATE CAUSE (A) Acute Myocardial Failure ANTECEDENT CAUSE(S) DUE TO (B) Sclerotic Heart Disease & Dislocation DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATEMENT STATING UNDERLYING CAUSE LAST. DUE TO (C) Hypertension			
INTERVAL BETWEEN ONSET AND DEATH 48 hrs 6 yrs Yrs			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. TIME OF INJURY (Month) (Year) (Hour) M. 21. HOW DID INJURY OCCUR? el work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from alive on 29.12.1955, and that death occurred at 7:42 AM, to Aug. 13, 1955, that I last saw the deceased SIGNATURE James H. Feaster, Jr. M.D.			
ADDRESS (Street, city, town, state)		DATE SIGNED 8.13.55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 8/15/55 NAME OF CEMETERY OR CREMATORIAL BAYARD CEMETERY LOCATION (City, town, or county) BAYARD (State) W. V...	
24. REC'D BY REGISTRAR DATE 11/4/55		REGISTRAR'S SIGNATURE Julia A. Brown L.R. 25. FUNERAL DIRECTOR'S SIGNATURE Emery Bolden Oakland 110	

DEPARTMENT OF JUSTICE - BUREAU OF INVESTIGATION

EXHIBIT NO. 237

BUREAU V. S.

AUG 18 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

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VS AISC 1-55 10M
The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07772

7767 CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		MARYLAND		STATE MARYLAND		COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND			
X OAKLAND		10 Hrs. 57 M		X OAKLAND			
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL				STREET ADDRESS 44 PENNINGTON STREET			
3. NAME OF OLIN (Type or Print)				4. DATE OF DEATH 8 30 55			
WALTER		HARDESTY		5. SEX MALE		6. COLOR OR RACE WHITE	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED		8. DATE OF BIRTH 7-4-1905		9. AGE last birthday 50 yrs.		10. IF UNDER 1 YEAR Months 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME WALTER HARDESTY				14. MOTHER'S MAIDEN NAME ANNA C. SOWERS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. 217-20-7010		17. INFORMANT & ADDRESS ANNA HARDESTY, 44 PENNINGTON ST.		OAKLAND, MD.	
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 581.0 IMMEDIATE CAUSE (A) <i>Amputation from self-harm</i> ANTECEDENT CAUSE(S) DUE TO (B) <i>Cirrhosis of liver</i> DISEASES OR CONDITIONS, IF ANY, (B) <i> </i> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <i> </i>							
INTERVAL BETWEEN ONSET AND DEATH 4 weeks <i>Unknown</i>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) Oakland (State) Md.			
21d. TIME OF INJURY (Month) Aug (Day) 4 (Year) 1955 (Hour) M. <input type="checkbox"/> at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 4, 1955 , to Aug 29, 1955 , that I last saw the deceased alive on Aug 24, 1955 , and that death occurred at 3:45 AM , from the causes and on the date stated above. SIGNATURE <i>Joseph J. Sowers</i> M.D. ADDRESS (Street, city, town, state) 8th & 26th St. Oakland, Md. DATE SIGNED Aug 31, 1955							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 9/2/55		NAME OF CEMETERY OR CREMATORIUM Oakland Cemetery		LOCATION (City, town, or county) Oakland, Md. (State)	
24. REC'D BY REGISTRAR DATE 9/2/55		REGISTRAR'S SIGNATURE <i>Julia L. Powers</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Emrys Bolden</i>		ADDRESS Oakland, Md.	



INSTRUCTIONS

TO ATTACHEE
The bottom corner may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 155 10M
The bottom corner may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07773

7769 CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY <input checked="" type="checkbox"/> TOWN	GARRETT OAKLAND	MARYLAND	STATE CITY OR TOWN	MARYLAND CRELLIN
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
		4 DAYS		
HOSPITAL OR INSTITUTION OR STREET ADDRESS		GARRETT COUNTY MEMORIAL HOSPITAL		
3. NAME OF DECEASED (Type or Print)		(First) JOHN	(Middle) S.	(Last) JONES
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH NOVEMBER 13, 1895	9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Deyrs Hours Min.
10. USUAL OCCUPATION, Give kind of work done during most of working life, even if part-time OWNER & OPERATOR OF ANTIQUE SHOP		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) WEST VIRGINIA	
13. FATHER'S NAME William King Jones		14. MOTHER'S MAIDEN NAME Wiles, LUCINDA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. 219-14-6817	17. INFORMANT & ADDRESS JOHN JONES - Silver Spring - Md.	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 825 X IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>Rupture of Liver, spleen, and left kidney</i>		INTERVAL BETWEEN ONSET AND DEATH <i>of 2 days.</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH				
19a. DATE OF OPERATION Aug 12, 55	19b. MAJOR FINDINGS OF OPERATION <i>Rupture of Liver, spleen & left kidney</i>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OPINION street, office building, etc.) <i>Oakland</i>			21c. WHERE DID INJURY OCCUR? (City or town) (County) <i>Oakland</i> (Md.)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 12, 55	M.	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Auto accident</i>	(State)
22. I hereby certify that I attended the deceased from Aug. 12, 1955, to Aug. 16, 1955, that I last saw the deceased alive on Aug. 16, 1955, and that death occurred at 11:05 A.M., from the causes and on the date stated above. SIGNATURE <i>Joseph Alvaro, M.D.</i> ADDRESS (Street, city, town, state) <i>101 Third St, Oakland, Md.</i> DATE SIGNED <i>Aug 18, 55</i>				
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>	DATE THEREOF <i>Aug 19-1955 Oakland</i>	NAME OF CEMETERY OR CREMATORIAL <i>Oakland</i>		
24. REC'D BY REGISTRAR DATE 1955	REGISTRAR'S SIGNATURE <i>Alva G. Johnson R. Emery Bolden</i>	LOCATION (City, town, or county) (State) <i>Oakland Md</i>		
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Emery Bolden Oakland Md</i>				

BUREAU V. C.

AUG 29 1967

RECEIVED
FBI - LOS ANGELES

7769

07774 dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:

COUNTY GARRETT

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(in this place)TOWN RURAL CRELINHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MDCOUNTY GARRETT

CITY (If outside corporate limits write RURAL and give nearest town)

OR
TOWN RURAL CRELIN MDSTREET
ADDRESS

(If rural, give location)

3. NAME OF
DECEASED:
(Type or Print)(First) WILLIAM (Middle) HENRY(Last) KISNER4. DATE
(Month) (Day) (Year)
OF
DEATH AUGUST 3 1955

5. SEX:

6. COLOR OR
RACE: MALE WHITE7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): WIDOWED8. DATE OF BIRTH: OCT 29, 187610a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): MINER10b. KIND OF BUSINESS OR
INDUSTRY:9. AGE last birthday: 78IF UNDER 1 YEAR
Months Days Hours Min.

YRS.

13. FATHER'S NAME:

JONOTHAN KISNER

14. MOTHER'S MAIDEN NAME:

LUEVIZA HUFFMAN15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) No (If Yes, give war or dates of
service)16. SOCIAL SECURITY NO.: 313-01-5113A17. INFORMANT & ADDRESS: HARRY KISNER CRELIN MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
402-1
Immediate cause a CORONARY OCCLUSION
DUE TOINTERVAL BETWEEN
ONSET AND DEATH

Antecedent cause(s)

Diseases or conditions, if any, b
giving rise to the above cause DUE TO
stating underlying cause last cII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory,
of street, office bldg., etc.,
INJURY) 21c. (City or town) (County) (State)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY M. 21e. INJURY OCCURRED
While at Not while
work at work 21f. HOW DID INJURY OCCUR?22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause
SIGNATURE K. Baum Carter CHIEF MEDICAL EXAMINER
M. D. DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM. DATE SIGNED 8/5/5523. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIES LOCATION (City, town, or county) (State)
REMOVAL (Specify): BURIAL AUG 6 1955 KISNER CEMETERY NEAR CRELIN MDDATE RECD BY LOCAL REGISTRAR'S SIGNATURE REC'D 7/5/55

24. FUNERAL DIRECTOR

ADDRESS

Emory Bolden OAKLAND MD

11184 A. S.

AUG

13

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

To FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7770

07775

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Garrett		MARYLAND		STATE Penna.		COUNTY Fayette	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Oakland		LENGTH OF STAY (in this place) 419 days		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Markleysburg		(If rural give location) 7 X - 3	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cuppett Nursing Home				STREET ADDRESS			
3. NAME OF DECEASED (First) EFFIE (Middle) BELLE (Last) LARAWAY				4. DATE OF DEATH Aug. 18, 1955. 19			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 12, 1880.	9. AGE last birthday 75 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Terra Alta, West Virginia			
13. FATHER'S NAME Clark May				14. MOTHER'S MAIDEN NAME Sidney Albright			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Mrs. Alonzo Friend, Morgantown, W. Va.			
18. MEDICAL CERTIFICATION							
422.1 IMMEDIATE CAUSE (A) Congestive Heart Failure ANTECEDENT CAUSE(S) DUE TO 3 mos. DISEASES OR CONDITIONS, IF ANY, (B) Art. C. V. L. GIVING RISE TO THE ABOVE CAUSE DUE TO years STATING UNDERLYING CAUSE LAST. (C)							
22 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Simplifying							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING NO OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) M.D. 5th & Oak Streets, Oakland, Maryland.		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1954 to 8/18, 1955			
22. I hereby certify that I attended the deceased from (6-13) 1954 to 8/18, 1955, that I last saw the deceased alive on (8/13) 1955, and that death occurred at 2:05 P.M. from the causes and on the date stated above. SIGNATURE Thomas E. Lusby THOMAS E. LUSBY M.D. 5th & Oak Streets, Oakland, Maryland. 8/19/55							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal & Burial		DATE THEREOF Aug. 20, 1955. Terra Alta Cemetery		LOCATION (City, town, or county) Terra Alta, W. Va. (State)			
24. RECD BY REGISTRAR DATE 8/19/55		REGISTRAR'S SIGNATURE Julia M. Lusby B.P.		25. FUNERAL DIRECTOR'S SIGNATURE R. R. WATSON ADDRESS Terra Alta, W. Va.			

BRIEFLY

AUG 31 1968

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed in 24 hours after death. The bottom may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7771

CERTIFICATE OF DEATH

07776

166

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Garrett CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Oakland HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home		MARYLAND LENGTH OF STAY (in this place) 27 day STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) JAMES FRANCIS MCKENZIE		4. DATE OF DEATH Aug 14 1955 IF UNDER 1 YEAR Months Days If Under 24 Hrs. Hours Min.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Aug. 22, 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own farm	
11. BIRTHPLACE (State or foreign country) Avilton, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Isadore McKenzie		14. MOTHER'S MAIDEN NAME Henrietta Garlitz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT & ADDRESS Star Route		18. MEDICAL CERTIFICATION Cardio-renal-vascular Disease	
19a. IMMEDIATE CAUSE 442 X ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (A) Arteriosclerosis (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH _____	
19b. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. _____			
19c. DATE OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) _____	
21c. WHERE DID INJURY OCCUR? (City or town) (County) _____ (State) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> _____	
		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from June 18 1955 to August 14 1955 , that I last saw the deceased alive on August 13 1955 , and that death occurred at 5:00 A.M. from the causes and on the date stated above. SIGNATURE <i>John Banister</i> M.D. ADDRESS <i>2500 Baltimore</i> DATE SIGNED <i>8/14/55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 8/16/55	
24. REG'D BY REGISTRAR DATE <i>1/15/1955</i>		NAME OF CEMETERY OR CREMATORIUM St. Ann's	
		LOCATION (City, town, or county) (State) Avilton, Garrett Co., Md	
		25. FUNERAL DIRECTOR'S SIGNATURE John A. Powan Donald J. Newman ADDRESS Grantsville, Md	

RECEIVED
MAY 18 1955
DEPARTMENT OF THE NAVY - MARINE CORPS
HEADQUARTERS STAFF

CERTIFICATE OF DEATH

REAU V. S.

MAY 18 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07777

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH

COUNTY **GARRETT.**
 CITY (If outside corporate limits, write RURAL
OR
end give nearest town)
 TOWN **CRELLIN**
 HOSPITAL OR
INSTITUTION OR
STREET ADDRESS
68

MARYLAND
 LENGTH OF STAY
 (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE **M.D.**
 COUNTY **GARRETT.**
 CITY (If outside corporate limits, write RURAL end give nearest town)
 OR
 TOWN **CRELLIN.**
 STREET
 ADDRESS
 (If rural give location)

**3. NAME OF
DECEASED
(Type or Print)**

(First) **JOHN** (Middle) **ROSCOE** (Last) **SMITH.**

4. DATE (Month) **AUG.** (Day) **28** (Year) **1953.**

5. SEX

MALE COLOR OR
RACE **WHITE**

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify) **WIDOWED.**

8. DATE OF BIRTH

APRIL-15-1879

9. AGE last birthday

76.
yrs.

IF UNDER 1 YEAR

Months **0** Dey **0** Hours **0** Min. **0**

10e. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired) **MINER.****10b. KIND OF BUSINESS
OR INDUSTRY****11. BIRTHPLACE** (State or foreign country)

MEHOOPANY PA.

**12. CITIZEN OF WHAT
COUNTRY?**

U.S.

13. FATHER'S NAME

STEPHEN SMITH.

14. MOTHER'S MAIDEN NAME

ELNORA WANDELL.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

213-10-3739.

17. INFORMANT & ADDRESS**18. MEDICAL CERTIFICATION**

INTERVAL BETWEEN
ONSET AND DEATH

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 IMMEDIATE CAUSE (A) **CARDIAC MYOCARDITIS**

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, (B)

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST. DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION**19b. MAJOR FINDINGS OF OPERATION****20. AUTOPSY?**

YES NO

21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

M. While at work Not while at work

22. I hereby certify that I attended the deceased from April 15, 1953, to August 28, 1953, that I last saw the deceased alive on Aug 15, 1953, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE

Stephanus

ADDRESS (Street, city, town, state)

DATE SIGNED

Oakdale Md 8/19/53

**23. BURIAL, CREMATION,
REMOVAL (SPECIFY)**

BURIAL

DATE THEREOF

AUG-31-1953

NAME OF CEMETERY OR CREMATORIUM

TERRA ALTA CEMETERY

LOCATION (City, town, or county)

TERRA ALTA W.V.A.

(State)

24. REC'D. BY REGISTRAR**REGISTRAR'S SIGNATURE****25. FUNERAL DIRECTOR'S SIGNATURE**

Emroy Bolden

ADDRESS

DATE

8/31/53

Julia Rowan

Emroy Bolden

OAKLAND MD

DEPARTMENT OF INTERNAL AFFAIRS - NEW ZEALAND

THE GOVERNMENT OF NEW ZEALAND

Carroll

W. M.

Carroll

CREFIN

Carroll

cc 24 July 1965 Smith Robert John
M. P. 1965-10-12 ALBANY MURKIN WHITE RAY
2.00 MELINDA M. P. MURKIN
FRANCIS MURKIN Smith Robert John
ALICE MURKIN PEREIRA

BUREAU V. 8

cc 8 1965

9/10/65

THE GOVERNMENT OF NEW ZEALAND

THE GOVERNMENT OF NEW ZEALAND